

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/555159

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5		1				
6	1					
7	1					
8	1					
9	1					
10			1			
11				1		
12				2		
13				1		
14				1		
15				2		
16				2		
17			1			
18			1			
19			1			
20			1			
21			1			
22			1			
23			1			
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25				1		
26				1		
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46						
47						
48						
49						
50						
TOTAL IND.			8			
TOTAL DEP.			14			
TOTAL CLAIMS			22			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						